



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 8944

| | | | | |
|--|---|-----------------------------------|---|--|
| SERIAL NUMBER 10/748,589 | FILING or 371(c) DATE 12/30/2003 RULE | CLASS 705 | GROUP ART UNIT 4137 | ATTORNEY DOCKET NO. EIS-5909H (1417G P 984) |
| APPLICANTS Thomas L.C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA; | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002 This application 10/748,589 12/30/2003 claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>/KRISTINE K</u> <u>RAPILLO/</u> Acknowledged <u>Examiner's Signature</u> | <input type="checkbox"/> Met after Allowance <u>Initials</u> | STATE OR COUNTRY WI | SHEETS DRAWINGS 59 | TOTAL CLAIMS 23 |
| INDEPENDENT CLAIMS 3 | | | | |
| ADDRESS BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES | | | | |
| TITLE Medical data communication notification and messaging system and method | | | | |
| FILING FEE RECEIVED 954 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |